

Recall that the opioid crisis is the worst drug epidemic we have ever faced in this country. In 2017, 72,000 Americans lost their lives to overdoses. That is more than we lost in the entire Vietnam war. Last year, we had a little better number. After 12 years of increases every year in overdose deaths, finally, last year, we had a slight decrease, and I think it is because of a lot of good work that has been done here, particularly with regard to the opioid crisis.

In Ohio, unfortunately, we have been in the center of the storm. We have been one of the top two or three States in the country in terms of overdose deaths.

Last year, in 2018, because of all the hard work we have done here at the Federal level, at the State level, and at the local level, we actually saw a decrease. We led the country with a 22-percent decrease in overdose deaths. So that is the good news, and it is because of the Comprehensive Addiction Recovery Act, which is bipartisan and which is working to provide more treatment and recovery services, to provide better prevention, and to provide more Narcan to reverse the effects of overdoses. It is also because of the 21st Century Cures Act, which provides funding for evidence-based programs to the States and the States decide how it is spent.

I was back home just this past week meeting with people who are getting the benefit of those programs. On Monday, I was at a home in Dayton, OH, that provides residential treatment for women who are addicted and pregnant and helps their children to be able to overcome the neonatal abstinence syndrome when they are born to a mother who is using. It is beginning to work.

I met two mothers who have turned their lives around, and I saw a beautiful baby who, at 5 weeks old, is going into the world brighter, cheerier, and with more opportunity because of the work that we have done here to provide funding to help.

But I will say we have found, having made progress on opioids, that other drugs are starting to come into our communities. This is not just an opioid problem. This is an addiction problem, and addiction is a disease that must be treated like other diseases.

Although we have made progress, we can't rest on our laurels. When I talk to those on the frontlines, as I did on Monday in Dayton with law enforcement—the sheriff was there for Montgomery County—but also to treatment providers, to those who are in the trenches, and talking to those who are recovering addicts who were there, they tell me about what is happening, which is that, increasingly, other drugs, including psychostimulants like crystal meth and cocaine, are making a horrible comeback in those communities.

Crystal meth coming in from Mexico is more pure and less expensive than ever. In fact, law enforcement tells me

that on the streets of Columbus, Dayton, Cleveland, or Cincinnati, crystal meth is sometimes less expensive than marijuana and yet much more powerful and much more dangerous.

So it is important that here in Congress we focus on how to respond to that. Although we have some great legislation out there with regard to opioid addiction, treatment, recovery, and how to deal with this, we have not done as well with regard to these new drugs coming in.

Part of the solution, of course, is to build up our security at our southern border, where we have seen larger and larger quantities of crystal meth, manufactured in Mexico, being brought into our country by these cartels from super labs, as they call them, in Mexico.

By the way, there were crystal meth labs over the years, but the volume was not nearly as high, and the cost was much higher. Now that it is cheaper and there is higher volume, you see the meth labs in our communities closing down, but for the wrong reason. It is not being made here anymore because the stuff coming from Mexico is so much more pure, more powerful, more deadly, and less expensive.

So for the people already struggling with methamphetamine or cocaine addiction, it is important that they have access to treatment, too, so they can get help.

What I have heard at the local level is this: We appreciate the funding on opioids, but we want more flexibility now to be able to use this funding to combat what is, in many of our communities, in Ohio, even a bigger problem, which is crystal meth and sometimes cocaine.

So I am pleased to say that in the legislation that we just passed here this evening, legislation that provides appropriations to deal with this addiction issue, we have provided that flexibility. We have said: Yes, we are going to continue to provide grants to help with regard to prevention and treatment and recovery and help with regard to getting people back on their feet and helping law enforcement, but we are going to allow local communities to use this funding both for opioids and for crystal meth and other drugs.

So my hope is that what we will see is some of the same progress we have made in opioids now happen with regard to some of these other substances.

I have introduced a bill called the Combating Meth and Cocaine Act—I introduced it in June of this year—to allow this kind of flexibility. That is an authorization bill that has already been introduced, and we have good bipartisan support for that.

But we went ahead today in these appropriations bill and did it for this year. So for this fiscal year, essentially, that legislation will be in effect. So for 2020 we are going to provide that flexibility.

I applaud the Senate appropriators for doing that. Again, I am proud of

Congress showing that we can be flexible and continue to fight a many-front war on this issue. It is not just about opioids. It is about addiction.

We also need to pass the authorization bill, the Combating Meth and Cocaine Act, and I hope that we will be able to do that after the first of the year to ensure that we can continue to address these public health threats and we can continue to provide for those whose future is so dim because of the addiction, and instead they be able to achieve their God-given purpose in life.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

#### SIGNING AUTHORITY

Mr. PORTMAN. Mr. President, I ask unanimous consent that I be authorized to sign duly enrolled bills and joint resolutions during today's session of Congress.

The PRESIDING OFFICER. Without objection, it is so ordered.

The PRESIDING OFFICER (Mr. SCOTT of Florida). The Majority Leader.

#### IMPEACHMENT

Mr. McCONNELL. Mr. President, for the information of all of our colleagues, earlier this afternoon, my friend the Democratic leader and I had a cordial conversation. We discussed a potential path forward following the House Democrats' precedent-breaking impeachment of President Trump. Our conversation was cordial, but my friend from New York continues to insist on departing from the unanimous bipartisan precedent that 100 Senators approved before the beginning of President Clinton's trial.

Back in 1999, Senators recognized that there might well be disagreements about questions that would arise at the middle and end of the trial, such as witnesses. Here is what happened: All 100 Senators endorsed a commonsense solution. We divided the process into two stages. The first resolution passed unanimously before the trial began. It laid the groundwork, such as scheduling and structured early steps like opening arguments. Mid-trial questions such as witnesses were left until the middle of the trial when Senators could make a more informed judgment about that more contentious issue. All 100 Senators, including me, including Mr. SCHUMER, and a number of our colleagues on both sides who were here in 1999 endorsed the first resolution as a bipartisan, minimalist first step.

As of today, however, we remain at an impasse because my friend the Democratic leader continues to demand a new and different set of rules for President Trump. He wants to break from that unanimous bipartisan precedent and force an all-or-nothing approach. My colleague wants a special pretrial guarantee of certain witnesses whom the House Democrats themselves